

Form AMD
Montana
Rev 10-05

Enter the tax year you are amending here	Your first name and initial	Last name	Your social security number
	Spouse's first name and initial	Last name	Spouse's social security number

NOL Carryback ☐ Elderly Homeowner/Renter Credit ☐ Federal RAR ☐ Other ☐

[illegible]

1. Attach Form AMD to your amended individual income tax return immediately behind Montana Form 2, page 2 or Form 2S and clearly write the words **"Amended Return"** on the top of Montana Form 2, page 1 or Form 2S.
2. If you have any questions in completing this form, please contact us at (406) 444-6900.